

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <input type="checkbox"/> RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:		FOR RECORDER'S USE ONLY	
TELEPHONE NO.: _____ FAX NO.: _____		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:			
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> NOTICE REGARDING PAYMENT OF SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE </div>			
CASE NUMBER: _____			

1. The obligor (the person paying support) in this proceeding is *(name and last known address)*:

2. a. ☐ The local child support agency is providing the following services *(check all that apply)*:
 - (1) ☐ Current support
 - (2) ☐ Support arrears
 - (3) ☐ Medical support
- b. ☐ The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3. ☐ The substituted payee is:
 - a. ☐ The local child support agency *(specify)*:
 - b. ☐ Other *(specify)*:

4. ☐ An abstract or notice of support judgment or support judgment was recorded as follows:

<u>County</u>	<u>Date of recording</u>	<u>Instrument number</u>	<u>Book number</u>	<u>Page number</u>
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5. All payments must be made as follows *(check all that apply)*:
 - a. Income withholding payments must be directed to the State Disbursement Unit at *(specify address)*:
 - b. ☐ All current support payments other than income withholding payments must be sent to *(specify)*:
 - c. ☐ All arrears payments other than income withholding payments must be sent to *(specify)*:
 - d. ☐ Other *(specify)*:

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. ☐ An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of *(specify)*:
7. a. ☐ Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b. ☐ Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE)

ACKNOWLEDGMENT
(To be completed only when this form is recorded)

STATE OF CALIFORNIA
COUNTY OF

On _____, before me,
Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)

(Seal)